

FOR DEPARTMENT USE ONLY

LICENSE NUMBER:

STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
MOTOR FUEL TAX ADMINISTRATION
P. O. DRAWER E
DOVER, DE 19903-1565

FOR DEPARTMENT USE ONLY

LICENSE FEE: \$5.00

YEAR ENDING:

APPLICATION FOR RETAIL MOTOR FUEL DEALER LICENSE

Please check the appropriate box: ☐ New application ☐ Renewal application

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO PROCESS THIS LICENSE APPLICATION. PLEASE PRINT ALL ANSWERS CLEARLY.

1. Federal Employer Identification Number or individual proprietor's Social Security Number:

2. Business type: (check one) Individual ☐ Corporation ☐ General Partnership ☐ Limited Partnership ☐
Limited Liability Company ☐ S Corporation ☐

3. State of Incorporation? _____
If the applicant business is incorporated under the laws of another state, please attach a certified copy of the certificate issued by the Delaware Secretary of State showing that the corporation is authorized to transact business in Delaware.

4. Date you began operations in Delaware: _____

5. Business name of Retail Dealer: _____ Business telephone: _____

6. Trade name of station: _____ Station telephone: _____

7. Mailing address Street or P. O. Box: _____
City: _____ County: _____ State: _____ Zip Code: _____

8. Physical station address Street: _____
City: _____ County: _____ State: _____ Zip Code: _____

9. If we have questions regarding this application, or the station, who should we contact?
Name: _____ Title: _____ E-Mail: _____
Telephone number: _____ Fax Number _____

10. If individual, give proprietor name, address, & SSN. If partnership, give name, address, & SSN of each partner. If corporation, give names, titles, addresses, & SSN's of corporate officers (President, Vice President, Secretary, Treasurer)

Name/Title

Address

Social Security #

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11. Will this location be operated by company personnel, a subsidiary company, or a commissioned agent of a manufacturer of petroleum products as defined by Title 6 Delaware Code, Chapter 29 (Office of Retail Gasoline Sales Law), Section 2901(5)?
Yes ☐ No ☐ Please note: per Chapter 29, Section 2905(a), a manufacturer of petroleum products is prohibited from opening a retail gasoline outlet that would be operated by company personnel, a subsidiary company, or a commissioned agent.

12. Will the fuel be sold under the brand name or trademark of the manufacturer or distributor of the fuel?
Yes (branded) ☐ No (unbranded) ☐ If Yes, please indicate the brand name _____

13. Type of retail station operated in Delaware: (check one)
 Dealer Station ☐ Commissioned/Consignment Station ☐ Company Owned & Operated Station ☐
 Other ☐ Please specify "Other" type: _____

14. Please provide the following information for this location:

Fuel Type:	# of Hoses:	Total Storage Capacity:	Fuel Type:	# of Hoses	Total Storage Capacity
Gasoline	<input type="text"/>	<input type="text"/>	LPG	<input type="text"/>	<input type="text"/>
Diesel (clear)	<input type="text"/>	<input type="text"/>	Jet Fuel	<input type="text"/>	<input type="text"/>
Diesel (dyed)	<input type="text"/>	<input type="text"/>	CNG	<input type="text"/>	<input type="text"/>
Kerosene (clear)	<input type="text"/>	<input type="text"/>	Gasahol	<input type="text"/>	<input type="text"/>
Kerosene (dyed)	<input type="text"/>	<input type="text"/>	Race Gas	<input type="text"/>	<input type="text"/>
Aviation Gasoline	<input type="text"/>	<input type="text"/>	Other _____	<input type="text"/>	<input type="text"/>

Full Service only? Yes ☐ No ☐ Self Service only? Yes ☐ No ☐ Both? Yes ☐ No ☐

If a self-serve only station: would you be interested in participating in the "Voluntary Service Station Assistance Program", in which participating stations voluntarily provide gas pump assistance to mobility-impaired motorists? Yes ☐ No ☐

If yes, an information packet will be mailed to you, upon approval of the Retail Dealer's license.

15. Will this location operate as a marina, providing gasoline to watercraft? Yes ☐ No ☐

16. Please list the supplier name/address that will be delivering gasoline and/or special fuel to this station:

Supplier Name:	Supplier Street Address/City/State/Zip Code:	Fuel Type:
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Has the applicant, or the applicant's individual partners or corporate officers, ever applied for a Delaware Retail Motor Fuel Dealer license in the past? Yes ☐ No ☐ N/A ☐
 If yes, under what name: _____ If yes, please specify what calendar year: _____

18. Does this application involve a change in the company's legal name or identification number? Yes ☐ No ☐ If yes, list the following: Company name _____
 Federal employer identification number or social security number: _____

19. Does the application involve the takeover and continuation of another business? Yes ☐ No ☐ If yes, list the following: Company name _____
 Federal employer identification number or social security number: _____

20. Have all persons responsible for reportable fuel activity read the Office of Retail Gasoline Sales Law and Regulations (Chap. 29, Title 6, Delaware Code), and the Motor Fuel Tax Act (Chapter 51, Title 30, Delaware Code), sections 5101, 5102, 5108, 5122, 5123, 5124, and 5128? Do these persons understand these provisions? Yes ☐ No ☐

DECLARATION

I (We) hereby make an application for a Retail Motor Fuel Dealer License for the place of business as indicated above. I (We) hereby attest that all products sold at this station shall be in conformity with State standards, and that no water or other adulterants shall be added to any oil or gasoline products, and that the chemical composition of products shall not be changed except after notice to the Motor Fuel Tax Administration. I (We) certify under penalties of perjury that the answers made herein are, to the best of my (our) knowledge and belief, true and correct.

_____ Authorized Name (Please Print)	_____ Authorized Signature
_____ Authorized Individual Title	_____ Date of Application